PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| Check Credit Card Money Order None Other (please identify) Attorney Docket No. Sand Entity | | | | | | | | | |
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| FEE TRANSMITTAL For FY 2009 | | | | | | | | | |
| For FY 2009 | | | | | | | | | |
| Applicant claims small entity status. See 37 CFR 1.27 Art Unit | | | | | | | | | |
| Application Type | | | | | | | | | |
| None Other (please identify): Check Credit Card Money Order None Other (please identify): | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | |
| Check | | | | | | | | | |
| Poposit Account Deposit Account Number: Q2-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) X Charge fee(s) indicated below X Charge fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 A Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee X Charge any additional fee(s) or underpayments of fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Charge fee(s) indicated below, except for the filling fee X Credit any overpayments X Credit a | | | | | | | | | |
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| Design 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | | |
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| 100 = /50 = (round up to a whole number) x = | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 810.00 | | | | | | | | | |
| 251 Extension for response within first month 130.00 | | | | | | | | | |
| SUBMITTED BY / / / / / / / / / / / / / / / / / / | | | | | | | | | |
| Signature Registration No. 39,538 Telephone (703) 205-8000 | | | | | | | | | |
| Signature H43,325 Registration No. (Attorney/Agent) 39,538 Telephone (703) 205-8000 Name (Print/Type) James T. Eller, Jr. Date MAY 0 4 2010 | | | | | | | | | |